

Work Order ID 123766

123766

Page 1

Wednesday, August 20, 2014 1:33:25 PM

Item ID: D4121-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Hose Assy
 Start Date: 8/20/2014 Start Qty: 12.00 *12* Cust Item ID:
 Required Date: 9/10/2014 Req'd Qty: 12.00 *12* Customer:
 Reference:

Approvals: Process Plan: ME Date: 14-8-20 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4121	D

100 PURCHASING 0.00

100

Purchasing Memo 0.00
 Purchasing Create D2729-1 label and include with W/O
 Issue P/O: 29464
 Hose Assembly as per Dwg D4121
 Possible Supplier: API
 Material release note is required

CL 14/08/21 12

110 Receive & Inspect for Damage & Mat'l Certs 0.00

110

Packaging Memo 0.00
 Packaging Ensure Material Release Note is attached

P/14/26 (12)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design <input type="checkbox"/>									
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Handling/Pre <input type="checkbox"/>									
Material <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DQA: _____ Date: _____



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Doc/Data									
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Transport									
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Page 3

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Required Date: 9/10/2014 Req'd Qty: 12.00 ***12*** Customer:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Identify as per dwg & Stock Location: <u>57211</u>	0.00							
150									
Packaging	Memo	0.00				<u>12</u>	<u>DGC</u>	<u>14-8-28</u>	
Packaging									
160	QC21 - Final Inspection - Work Order Release	0.00							
160									
QC	Memo	0.00				<u>MLJ</u>	<u>14-08-28</u>		
Quality Control									

MLJ 14-08-28

DQA: _____ Date: _____

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set	<input type="checkbox"/> Set-up
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
			<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

Wednesday, August 20, 2014 1:33:24 PM

123766

D4121-1

Required Date: 9/10/2014

Required Qty: 12.00

Comments: IPP REV:A NEW ISSUE 10-10-05 JLM VERIFIED BY:DD IPP
REV:B AS PER ECN 11-598 11-06-05 JLM VERF:DD IPP REV:C
11.11.16 AS PER DWG REV.D DD VERF:EC

[illegible]

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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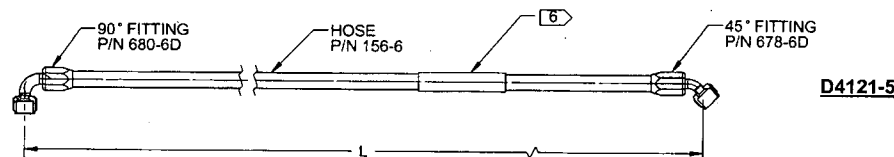
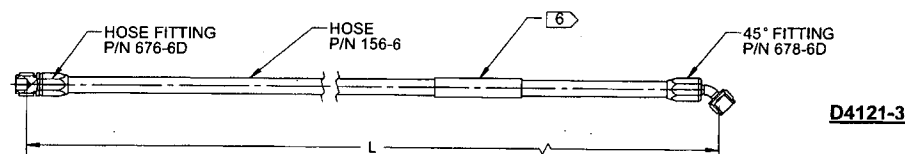
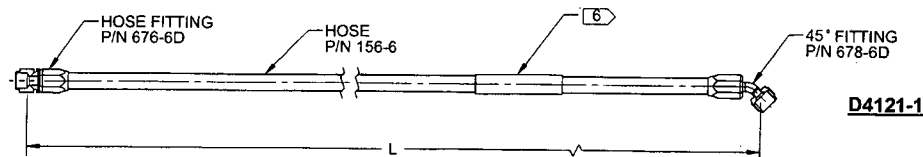
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Doc/Data									
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FAULT CATEGORY

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8 7 6 5 4 3 2 1

HOSE SPECIFICATION			
DART P/N	STRATOFLEX P/N	VENDOR	L
D4121-1	156003-6D0274	API/ AVIAL	27.50
D4121-3	156003-6D0590	API/ AVIAL	59.00
D4121-5	156062D1054D000	API/ AVIAL	105.50



mf
123766
14-8-20

RELEASED
 2011-11-16

- NOTES:**
 1) MATERIAL: N/A
 2) FINISH: N/A
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 6) IDENTIFICATION: IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
 7) WEIGHT: N/A
 8) STAINLESS STEEL COVERING TO HAVE MINIMUM THICKNESS OF 0.015"

D	P/N 156003-6D0590 WAS 156003-6D0570 (ZN D2-1)	RF	11.11.14
C	ADD P/N 156062D1054D000 TO D4121-5	RF	11.07.27
B	P/N 676-6D WAS P/N 678-6S (ZN C4-1, B4-1); P/N 676-6D WAS 676-6S (ZN D8-1, C8-1); P/N 680-6D WAS P/N 680-6S (ZN B8-1); UPDATE STRATOFLEX P/N (ZN C2-1); UPDATE NOTE 8	RF	11.03.07
A	NEW ISSUE	RF	10.09.16
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE USA, INC. KENT, WA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. D
MFG. APPR.	<i>[Signature]</i>	D4121	SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	HOSE ASSEMBLIES	NTS
DATE	11.11.14	<small>COPYRIGHT © 2010 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS OR IMPLIED UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small>	

8 7 6 5 4 3 2 1

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Training									
Transport									
Unapproved									

FAULT CATEGORY

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO25464**

Purchase Order Date 8/21/2014

PO Print Date 8/21/2014

Page Number 1 of 2

Order From :

VU-AVI003

Ship To : DART AEROSPACE LTD

AVIALL
PO BOX 842275

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

DALLAS, TX 75284-2275
USA

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

905-676-1695

Customer POID

Customer Tax #

10127-2607

Ship To Contact

Terms

Net 30

Ship To Phone

Currency

USD

Ship Via:

FedEx Overnight collect

FOB

EXW - (Ex Works)

Ship Acct:

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	156003-6D0274 AS PER DWG D4121 REV. D B123766	Hose Assembly	9/5/2014 Yes 9/5/2014		12.00 Each	\$169.30	\$2,031.60
Line Total:							\$2,031.60
2	156062D1054D000 AS PER DWG D4121 REV. D B123767	Hose Assembly	9/5/2014 Yes 9/5/2014		10.00 Each	\$335.47	\$3,354.70
Line Total:							\$3,354.70

PO Instructions: Fedex Acc#151793240

Note:

8/21/2014



PACKING LIST



DELIVERY NUMBER: 8000805445

ROUTE: US FedEx International Priority

DATE:08/25/2014

TIME:15:34:21

EMP:00000000

ORD TYP: ZOR 169

CURRENCY:USD

CUSTOMER PO:25464
ORDER NUMBER:1000558293
ORDER DATE:08/21/2014

10003952
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
CANADA

S 10003952
H DART AEROSPACE LTD
I 1270 ABERDEEN STREET
P HAWKESBURY ON K6A 1K7
TO CANADA

S 1009
H AVIALL DALLAS HOSE SHOP
I DALLAS HOSE SHOP
P 2755 REGENT BLVD
FROM DFW AIRPORT TX 75261-9048
USA

LINE	PO LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	QUANTITY BACK ORDER	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
10010	10	1S	156003-6D0274 HOSE: MED PRESSURE,RUBBER	12	12	0	EA		169.30	2,031.60
			BATCH 100025092		12					
10020	20	1S	156062D1054D000 HOSE: MED PRESSURE,RUBBER	10	10	0	EA		335.47	3,354.70
			BATCH 100025093		10					

This is not an Invoice.
For payment processing, please refer to Invoice.

The recipient of these goods agrees to comply with all export regulations governing the transfer, sale, lease, or use of these goods.
Diversion contrary to U.S. Law is prohibited.

CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

08/25/2014
Date

JR Hofmann, Director, Global Quality

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL
RETURNED MERCHANDISE SUBJECT TO HANDLING
FEE.
THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH
THE PROVISIONS OF THE FAIR LABOR ACT OF 1938
AMENDED.

CUSTOMER COPY



Hose Shop 2755 Regent Blvd. DFW Airport 75261
Phone 972-586-1380 Fax 972-586-1381 www.aviall.com

TSO CERTIFICATION

It is hereby certified that (A) The parts and/or materials reflected herein were produced under Federal Aviation Administration approved manufacturing and quality control system/methods as set forth in the FAA issued technical standard order authorizations (TSOA) issued to Stratoflex and (B) such part and/or materials are new and are in condition for safe operation.

Aviall Order Number: 1000558293

Part Numbers:

1. 156003-6D0274 12EA.
2. 156062D1054D000 10EA.

Signed: 

Date: 8-25-14

"Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43".

If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

FORM# CERT -001